

Application Form

Please **MAIL** this form as soon as possible to:
CHIP, P.O. Box 16520, Salt Lake City, Utah 84116

1

Personal Information

Parent/Guardian _____
first middle initial maiden last

Address _____
street apt.# city state zip

Home Phone # (____) _____ Daytime Phone # (____) _____

Have any of the children applying for CHIP had significant medical expenses in the last 90 days? [] Yes [] No

2

Household Information

Start with yourself, then list all the people who live in your home.

Name (First, Middle Initial, Last)	Social Security Number (optional for adults)	Age	Date of Birth (Mo. Day Year)	Sex (M/F)	Relationship (Spouse, son, etc.)	Race *

The children applying for CHIP are: ☐ U.S. citizens ☐ Legal aliens ☐ Other

If legal aliens, please provide alien registration numbers: _____

3**Insurance**Do any of the children listed in section 2 have health insurance? ☐ Yes ☐ No

a. If yes, please list their names below:

b. If no, does your employer or your spouse's employer offer health insurance? ☐ Yes ☐ Noc. Have any of your children applying for CHIP had health insurance in the last 90 days? ☐ Yes ☐ No**4****Income**

Please list any income received by all the people who live in your home. (Include income from alimony, social security, unemployment compensation, etc.)

Name of person who received the money	Name of employer or income source	Amount before taxes	How often paid this amount

5**I Understand That...**

Any and all elements of eligibility listed on this form may be verified. Computer checks will be done when I apply and after I receive benefits. My medical benefits may be reduced, denied, or terminated because of information from these sources.

Knowingly providing false information may result in criminal, civil, or administrative action.

As necessary, the information on this application may be used to determine Medicaid eligibility.

All household members applying for CHIP must be U.S. citizens or aliens in lawful immigration status.

The benefits I receive is limited to that described in the Provider Manual established for this program. I further agree that these manuals may be amended without my consent or consideration.

I, _____ swear that the information given on this form is true and correct.

Signature of Applicant

Date

I may request a fair hearing if I disagree with decisions made regarding this application.

The Utah Statewide Immunization Information System (USIIS) is a registry that keeps complete, up-to-date records of your child's immunization history. For more information, or to withdraw your child from USIIS, call the Immunization hotline at 1-800-275-0659.

As necessary, for the purpose of allowing the state to administer the CHIP program, I waive my rights to privacy or confidentiality, including my rights under Utah Code 49-1-403 (2).

I must report to CHIP any changes in residence, household size and access to coverage under another health insurance program.

CHIP does not discriminate on the basis of race, ethnicity, religion, sex or disability.

Do Not Complete This Section ☐ A ☐ B ☐ M ☐ Denied

Authorized Signature

Date